



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000001

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHARLTON BEAGLE CLUB, INC.

DOING BUSINESS AS CHARLTON BEAGLE CLUB

ADDRESS BOND ROAD

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01507

MANAGER: BROWN,
MICHAEL J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES AT THE FRONT AND ONE EXIT AT THE BACK 5 ROOMS AND A
PAVILLION 38 by 24 addition on the back of left side of building, includes handicap bathrooms and
storage for tables and chairs

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000002

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARMAND A. & ELIZABETH B. IANNICCHERI

DOING BUSINESS AS MONDOS

ADDRESS 6 GILLESPIE ROAD

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01508

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD BUILDING. STOCK KEPT IN BASEMENT AND THREE ROOMS ON FIRST FLOOR.
BACK PARKING LOT FOR HORSESHOE TOURNAMENTS

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000005

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLANPOW REALTY CORP.

DOING BUSINESS AS HERITAGE COUNTRY CLUB

ADDRESS 85 SAMPSON ROAD

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01507

MANAGER: TERLIZZI,
SANDRA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUBHOUSE CONTAINS A PRO SHOP, KITCHEN, LOUNGE, MEN'S LOCKER ROOM AND LADIES LOCKER ROOM...THERE ARE SIX ENTRANCES/EXITS...THE PREMISES ALSO INCLUDES 18 GOLF HOLES ON 120 ACRES...

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000010

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KEG, INC

DOING BUSINESS AS QUARTER KEG PUB

ADDRESS RTE. 20

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01507

MANAGER: McCABE,
THOMAS P.

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, FULL CELLAR, 5 ROOMS ON GROUND FLOOR. FIVE EXITS. 16'X32'
PATIO ADDITION ON NORTH SIDE OF ONE STORY EXISTING BLDG.

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000019

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OSTEN ASSOCIATES, LLC

DOING BUSINESS AS C & S LIQUOR MART AND DELI

ADDRESS 280 SOUTHBRIDGE ROAD

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01507

MANAGER: BHATTARAI, SHA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
NTA

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

30' X 40' MAIN BUILDING WITH 10' X 20' EXTENSION IN REAR. ENTRANCE AND EXIT IN FRONT WITH SECONDARY ENTRANCE AND EXIT ALSO LOCATED IN FRONT OF BUILDING.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000020

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOMSKI TRADING CORP

DOING BUSINESS AS

ADDRESS 27 WORCESTER ROAD

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01508

MANAGER: MROCKZOWSKI, TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
THADDEUS K.

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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TELEPHONE NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000029

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AJAY KUMAR NALAMADA

DOING BUSINESS A OXBOW VARIETY

ADDRESS 3 OXBOW ROAD

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01507

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXITS ON THE FRONT AND SIDE. TWO ROOMS, KITCHEN AND STORAGE. THE ALTERED BUILDING DIMENSIONS 62'X 40' WITH ANE DOOR IN FRONT FOR ENTRANCE & EXIT AND ONE DOOR ON THE RIGHT SIDE OF THE BUILDING FOR DELIVERIES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000032

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUPER FOOD MART INC.

DOING BUSINESS AS CHARLTON FOOD MART

ADDRESS MASONIC HOME ROAD

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01507

MANAGER: PATEL,
BHIKHABHAI M.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000033

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KANNAGI INC.

DOING BUSINESS AS CHARLTON COUNTRY STORE

ADDRESS 231 STAFFORD ST

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01507

MANAGER: SWADIA, LOVE K. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1510 SQ FT OF SELLING SPACE AND STORAGE WITH TWO EXIT AND ONE ENTRANCE

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000035

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRIPLE T TRADING CORPORATION

DOING BUSINESS AS TED'S CITGO

ADDRESS 28 WORCESTER ROAD

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01508

MANAGER: MROCKZOWSKI, TYPE OF LICENSE: Package Store
SUSAN G.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000037

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OVERLOOK CATERING, INC

DOING BUSINESS AS

ADDRESS 88 MASONIC HOME ROAD

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01507

MANAGER: MORALES,
YANITZA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

OVERLOOK HOTEL ON MASONIC HOME CAMPUS; 200 person capacity; floor plan attached with exits and entrances and two outside porches.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000038

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZORBAS PIZZERIA TAVERN, LLC

DOING BUSINESS AS

ADDRESS 132 STURBRIDGE RD

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01508

MANAGER: DIMOPOULOS,
CHRISTOS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF NEW WALK-IN COOLER, 3 NEW FIRE DOORS, FENCED IN OUTSIDE PATIO
W/ PORTABLE WET BAR, EXPANSION OF KITCHEN, NEW DELI TAKE OUT AND DELI TAKE
OUT WINDOW.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000039

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHOU WONG CORP.

DOING BUSINESS AS CHARLTON CHINESE TAKEOUT

ADDRESS 85 STURBRIDGE ROAD

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01507

MANAGER: TONG, PATRICIA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

400 S/F DELI TAKEOUT ROOM W/ COOLERS, COUNTER AND SHELVING. ONE
ENTRANCE/EXIT IN FRONT OF BLDG. KITCHEN W/ SEPARATE ENTRANCE, STORAGE
ROOM W/ SEPARATE ENTRANCE.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000040

CITY OR TOWN CHARLTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHREE SOMNATH INC.

DOING BUSINESS AS COUNTRY FARMS

ADDRESS NORTH MAIN STREET

CITY/TOWN: CHARLTON

STATE: MA

ZIP CODE: 01507

MANAGER: PATEL, NISARGI
A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

60'4 X 33'8..HANDICAPPED ACCESSIBLE REST ROOM..STORAGE ROOM WITH ACCESS TO
COOLER AND A UTILITY ROOM..MAIN ENTRANCE/EXIT IN FRONT OF BUILDING..SECOND
ENTRANCE/EXIT NEAR UTILITY ROOM

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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